

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/656,545</td> </tr> <tr> <td>Filing Date</td> <td>9/5/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>DeBusk, Thomas A.</td> </tr> <tr> <td>Art Unit</td> <td>1724</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>141963</td> </tr> </table>	Application Number	10/656,545	Filing Date	9/5/2003	First Named Inventor	DeBusk, Thomas A.	Art Unit	1724	Examiner Name		Attorney Docket Number	141963
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Filing Date	9/5/2003												
First Named Inventor	DeBusk, Thomas A.												
Art Unit	1724												
Examiner Name													
Attorney Docket Number	141963												

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith.	
OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:	
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<input checked="" type="checkbox"/> Applicant/Inventor.	
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Thomas A. DeBusk
Date	3-10-09
Telephone	1-321-631-0610
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input type="checkbox"/> *Total of _____ forms are submitted.	

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